Personnel Action Request (PAR Form)

Complete all non-shaded boxes

Date Prepared: 5/20/2016 **Prepared By:** Susan Hickey **Division:** Office of Community Living

	%	Organizational Unit Code *(Manager completes)*	Appropriation *(for Budget use only)*	Cert *(for Acctg use only)*
Funding #1	100%	4600	100 SO 5/23/16	4500 100 X029 X029
Funding #2	0%	Insert other org code if any		
Funding #3	0%	Insert other org code if any		5/4/16
Supervisor Signature				Date: 5/20/16
Office/Executive Director Signature				Date: 5/20/16

Select desired action and complete corresponding information

☐ **POSITION ACTION** Position #: Current Class Title:

- ☐ **Reclassify or Create** Requested Class:
- ☐ **Fill Vacant Position** *(Request)* Method: Select One
- ☐ **Funding Change** *(new org code should be reflected above)* Insert old org code
- ☐ **Abolish** Reason: Effective Date:
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

☒ **EMPLOYEE ACTION** Employee Name: Jena Griswold 8563

RECEIVED
MAY 24 2016
HCPF Payroll

- ☐ **Hire** Type: Select One Effective Date:
  Position #: Class:
- ☒ **Separation** Reason: End of temporary assignment Last Day Worked: 05/20/16
- ☐ **Leave of Absence** From: To: Reason: Insert reason
- ☐ **Pay Action** Salary: /mo Reason: Select One Begin: End (if any):
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

Additional Comments: Temp position ended 1 month early.

For Human Resources Use Only	Audit Decision:	New Class Code:	FLSA:	Date: 5/23/16
	Log/Action Number & Initials:	New Class Title:	Registration # / Comments:	

CRS stopped 5/27/16
Separated 6/7/16

Revised 4/25/03

Personnel Action Request *(PAR Form)*

Complete all non-shaded boxes

Date Prepared: 5/20/2016 **Prepared By:** Susan Hickey **Division:** Office of Community Living

UHAA

	%	Organizational Unit Code *(Manager completes)*	Appropriation *(for Budget use only)*	Cert *(for Acctg use only)*
Funding #1	100%	4500	100 50 5/23/16	4500 100 X029 X029
Funding #2	0%	Insert other org code if any		
Funding #3	0%	Insert other org code if any		5/24/16

Supervisor Signature Date: 5/20/16

Office/Executive Director Signature Date: 5/20/16

Select desired action and complete corresponding information

☒ **POSITION ACTION** Position #: 8563 Current Class Title: Temp

- ☐ **Reclassify or Create** Requested Class:
- ☐ **Fill Vacant Position** *(Request)* Method: Select One
- ☐ **Funding Change** *(new org code should be reflected above)* Insert old org code
- ☒ **Abolish** Reason: Temp position ended Effective Date: 05/20/16
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

RECEIVED
MAY 24 2016
HCPF Payroll

☐ **EMPLOYEE ACTION** Employee Name:

- ☐ **Hire** Type: Select One Effective Date:
  Position #: Class:
- ☐ **Separation** Reason: Select One Last Day Worked:
- ☐ **Leave of Absence** From: To: Reason: Insert reason
- ☐ **Pay Action** Salary: /mo Reason: Select One Begin: End (if any):
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

Additional Comments: Temp position ended 1 month early

For Human Resources Use Only	Audit Decision:	New Class Code:	FLSA:	Date:
	Log/Action Number & Initials:	New Class Title:	Registration # / Comments:	

Revised 4/25/03

COLORADO
Department of Health Care Policy & Financing

DOCUMENT CLEARANCE FORM

DOC ID# 6014

EXECUTIVE SUMMARY:

Please find attached two PARs: one to separate Jena from the Department and another one to abolish her position, number 8563. Her last day with the Department is May 20, 2016. Thank you.

CONTACT PERSON:
Susan Hickey
PHONE NO:
303-866-5074

APPROVALS (due by May 25, 2016):

Jed Ziegenhagen — Date
☑ Approved ☐ Approved with Changes

Budget — 5/23/16 — Date
☑ Approved ☐ Approved with Changes

Clark Akins — 5/24/16 — Date
☐ Approved ☐ Approved with Changes

Human Resources — 5.25.16 — Date
☑ Approved ☐ Approved with Changes

Please avoid making minor personal/stylistic preference changes to improve the speed and efficiency of the clearance process

Job Assignments

COMPLETE NEXT TRANSACTION REQUEST.

Employee ID [redacted]
Effective Date
Actions

Employee Name: GRISWOLD,JENA MARIE
Organization Name: HEALTH CARE POLICY & FIN - UHA

Job No	1	Total Jobs	1	User Field	
Begin Date	09/21/2015	End Date	06/21/2016		
Position No	UHA08563	Job Class	P1A1XX	Class Entry Date	09/21/2015
Pay Rate	53.000	Rate Code	H - Hourly rate	Grade	P10
% Full-Time	100.00	Pay Cycle	B1 - Biweekly 1		
Job Department	UHA	Time Report Code	P - Positive; Listed	Contract Date	
Seasonal Indicator	N - Not seasonal employee	Shift Indicator	D - Day shift	Job Seniority Date	
Supervisor	JED ZIEGENHAGEN			Adjusted Seniority Date	
Job Title	TEMPORARY AIDE			Retro Effective Date	
				Save Pay Date	

Check 100 %

Account Number	Earnings	Rate/Amount	Percent	Start	Stop
FINANCIAL	REG		100.00	09/21/2015	06/21/2016

Transaction
Organization ID UHA
Employee FINANCIA
Job 0
Quarter

Enter | Menu | Backward | Forward | Personnel Inq | Table Inq | ?

Employee Check Display

COMPLETE NEXT TRANSACTION REQUEST.

Organization ID: UHA
Employee ID: [redacted]
Employee Name: GRISWOLD,JENA MARIE
Schedule: 061
Check/Advice: FINANCI
Check Status:
Check Date: 06/10/2016
End Date: 05/27/2016

Tax Marital Status and Allowances

FED M 01 00 ST EMP 0006 LC1 0156
ST M 01 00 ST TXD 0006 LC2
2ST S 00 00 2ND ST LC3
ST RES 0006 LC4
LC5

Current Grosses

TTL	583.00	FWT	536.36	ST	536.36	SDI	583.00
FUT	583.00	SUT	.00	RTR	583.00	2ST	.00
FCA	.00	MED	583.00	XCS	.00	LC1	583.00
LC2	.00	LC3	.00	LC4	.00	LC5	.00

Earnings Type	Hours	Gross Amount	Deduction	Amount	Deduction	Amount
REGULAR	11.00+	583.00	PERA RETR	46.64		
			MEDICARE	8.45		
			FEDERAL T	5.17		
			STATE TAX	2.00		
			LOCAL TAX	5.75		

Total Gross: 583.00+ - Deductions: 68.01+ = Net Pay: 514.99+

Transaction: 003 - Employee Check Display
Employee: [redacted]
Check/Advice: FINANCI
Organization: UHA

Enter | Menu | Older Check | Newer Check | Employee | Table | Inquiry | ?

Health Care Policy & Financing's Employee Checkout List for Resigning/Retiring/Terminated Employees

Instructions to Manager/Supervisor: You are responsible for working with the departing employee to complete this checklist to ensure that all state owned materials are recovered, surrendered, or discontinued before the employees retirement/resignation/termination effective date. Each Responsible Person must initial and date each item as received or not applicable (N/A) as appropriate. Return completed checklist to the Human Resources Section on or before separation effective date. Also, the employee is to take the Exit Survey for DPA, located at: http://www.surveymonkey.com/s/SOCExitSurvey2013. If you have any questions please contact the Human Resources Section.

Employee Name: Jena Griswold Employee ID: _____-____-_____

Termination: XX☐ Effective Date: End of Temp Assignment on 05/20/16
Employee Position Title Temp Section: Office of Community Living
Manager/Supervisor Name & Title: Jed Ziegenhagen, Director for the Office of Community Living

RESPONSIBLE PERSON	ITEM OR ACCESS	RECEIVED DATE & INITIAL	OTHER NOTES
SUPERVISOR	Schedule Exit Interview - employee and Tom Montoya or Tom Massey	N/a	
	Enter Final Performance Evaluation into PPMS	N/a	
	Enter all final leave into DELTA	N/a	
	Submit LAN Access Modification/ Revocation form to OIT Service Desk: ServiceDesk.Info-Inquiries@state.co.us	5/20/16 AA	
	Collect the laptop key and any other computer equipment/ accessories and hold for OIT staff	5/20/16 AA	
	Email a list of all software licenses (other than standard MS Office software) to Natasha.nolle@state.co.us.	N/a	
	Email hcpfwebmaster@state.co.us to revoke Druple (or other website editing system) access (if applicable)	N/a	
	Collect all manuals/books/videos	N/a	
	Email brad.shipley@state.co.us to revoke Clarity license (if applicable)	N/a	
	Review paper and electronic files and either archive, move, save or delete as appropriate	LH 5/20/16	
	Review any standing meetings for which the departing employee is the organizer and change the contact info on the conference room calendars via SharePoint Conference Room Requests	LH 5/20/16	
CONTROLLERS DIVISION/ TRAVEL	No state vehicles are outstanding	N/a	
	Final travel expense reimbursement forms are submitted	N/a	
	One Card collected and outstanding balance/charges are	N/a	

RESPONSIBLE PERSON	ITEM OR ACCESS	RECEIVED DATE & INITIAL	OTHER NOTES
COMPLIANCE DESIGNEE	finalized and final One Card Reimbursement Form has been submitted	N/a	
PPD DIVISION/ SECURITY UNIT	For access to any systems other than LAN access, a Work Force User Access Modification/Revocation form has been submitted to the Security Unit. Form is located at: O:\ITOffice\Privacy-Security\System Access Forms\ModificationTermination.doc		
ACCOUNTING/ PAYROLL	Remove the 401(k) Deduction		
	Remove the 457 Deferred Compensation		
	Remove the Additional Taxes		
	Remove the Colorado Combined Campaign and/or COPE		
	Remove the Flexible Spending		
	Remove the Direct Deposit		
	Remove the PERA Life Deduction		
	Remove the Wage Attachments		
PC&A OFFICE/ OPERATIONS UNIT	Manager/support person must email the Operations Unit to revoke building access	(AH) 5/20/16	SH
	Collect iPhones/iPads or MyFi Devices equipment and accessories and disconnect service	sh + Diane 5/20/16	SH
	Collect badge	sh + Diane 5/20/16	SH
	Collect any building/bike cage keys	N/a	NA
	Telecommunications Form to disconnect the desk phone line or reset the voicemail and readout has been emailed to the Operations Unit	(AH) 5/20/16	DD
	Collect name plate insert	N/a	NA
	Collect parking clicker/sticker (if applicable)	N/a	NA
	Collect floor warden supplies (if applicable)	N/a	NA
	Collect legislative badge (magnet/pin) (if applicable)	N/a	NA
HUMAN RESOURCES	Collect all flash drives	N/a	
	PAR to separate and resignation form (if applicable) has been submitted or entered into NeoGov	05/20/16 sh	
	Collect ECO pass	N/a	
	Finalize Health/Dental insurance – COBRA	N/a	
	Manager must call the HR Line 303-866-2146 to report the employee leaving		
	Compute final annual and sick leave and send payroll adjustment to the Accounting Section	N/a	

Personnel Action Request (PAR Form)

Complete all non-shaded boxes

Date Prepared: 9/17/2015 **Prepared By:** Elle Sweeney **Division:** EDO

	%	Organizational Unit Code (Manager completes)	Appropriation (for Budget use only)	Cert (for Acctg use only)
Funding #1	~~0%~~	100 4500	100 EJG 9/18/15	4500 100 X02 X029
Funding #2	0%	Insert other org code if any		9/18/15
Funding #3	0%	Insert other org code if any		
Supervisor Signature				Date: 9/16/15
Office/Executive Director Signature				Date: 9/16/15

Select desired action and complete corresponding information

☒ **POSITION ACTION** Position #: 8563 Current Class Title:

- ☒ **Reclassify or Create** Requested Class: Temporary Aide
- ☐ **Fill Vacant Position** *(Request)* Method: Select One
- ☐ **Funding Change** *(new org code should be reflected above)* Insert old org code
- ☐ **Abolish** Reason: Insert reason Effective Date:
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

RECEIVED
SEP 1? 2015
HCPF Payroll

☒ **EMPLOYEE ACTION** Employee Name: Jena Griwold

- ☒ **Hire** Type: Temporary (6 months or less) Effective Date: 9/21/2015
  Position #: 8563 Class:
- ☐ **Separation** Reason: Select One Last Day Worked:
- ☐ **Leave of Absence** From: To: Reason: Insert reason
- ☒ **Pay Action** Salary: ~~8,000~~/mo Reason: New Hire Salary Begin: 9/21/2015 End (if any): TBD
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

Additional Comments: PAR to hire temporary employee, Jena Griswold, to be paid ~~$50~~ $53 per hour ($8,000 per month). Pending completion of background check, Jena will begin on Monday, September 21, 2015

For Human Resources Use Only	Audit Decision:	New Class Code:	FLSA:	Date: 9/18/15
	Log/Action Number & Initials: 370 JSP	New Class Title:	Registration #/ Comments:	

Revised 4/25/03

CPPS entered 9-22-15

COLORADO
Department of Health Care Policy & Financing

DOCUMENT CLEARANCE FORM

DOC ID#

EXECUTIVE SUMMARY:
PAR with two actions, one to hire Jena Griswold as temporary employee and another pay action for her position

CONTACT PERSON: Elle Sweeney
PHONE NO: 3871

APPROVALS:

Elle Sweeney — Author — 9/17/2015 — Date

Jed Ziegenhagen — Date
☐ Approved ☐ Approved with Changes

Sue Birch — Date
☐ Approved ☐ Approved with Changes

Erin Gates — 9/18/15 — Date
☐ Approved ☐ Approved with Changes

Clark Akins — 9/18/15 — Date
☐ Approved ☐ Approved with Changes

Joi Simpson — 9.18.15 — Date
☑ Approved ☐ Approved with Changes

[Approver 6 Name] — Date
☐ Approved ☐ Approved with Changes

[Approver 7 Name] — Date
☐ Approved ☐ Approved with Changes

Please avoid making minor personal/stylistic preference changes to improve the speed and efficiency of the clearance process

Prentis, Lisa

From: Hickey, Susan
Sent: Friday, September 18, 2015 1:05 PM
To: Prentis, Lisa
Cc: Mull, John; Simpson, Joi
Subject: Jena Griswold Salary

Hi Lisa,

Jena's salary is $53 per hour. Jed will work on the PD this afternoon and I will bring it to HR.

Thanks for everything!
Susy

Program Assistant
Long Term Services and Supports Division
Office of Community Living

COLORADO
Department of Health Care Policy & Financing

P 303.866.5074 | F 303.866.2786 State Relay: 711
1570 Grant Street, Denver, CO 80203
susan.hickey@state.co.us | Colorado.gov/hcpf

Please consider the environment before printing this e-mail.

This email message and any included attachments, from the Colorado Department of Health Care Policy and Financing, are confidential and intended solely for the use of the individual or entity to which it is addressed. The information contained herein may include protected health information or otherwise privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, please notify the sender by replying to this message and delete the email without disclosure. Thank you.

State of Colorado

TEMPORARY AIDE POSITION DESCRIPTION

Use this document for **temporary positions only. PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.**

INSTRUCTIONS: Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA. Department is as defined in personnel rule (principal department, university, college).

Agency Code UHA Position Number _____

Principal Department/University or Equivalent Health Care Policy and Financing

Division or Equivalent Office of Community Living

Work Unit _____

Anticipated Begin Date 9/21/15 Anticipated End Date 5/17/16 % Time 100

Reason for Request

x One-time project _____ Special grant _____ Workload

_____ Fill in until permanent position filled _____ Permanent Position No.

_____ Other (specify)

INSTRUCTIONS: List the major job duties performed by the position. Fill in the percent of time. For purposes of the American with Disabilities Act, all job duties for this temporary position will be considered essential functions. Do not list incidental tasks.

50% Duty Statement: Federal Communication Process Development

Position is responsible for developing a communication strategy designed to facilitate federal approval of proposed programmatic changes to the Colorado Medicaid program. Position evaluates the federal political and operational landscape and suggests targeting communication based upon that evaluation. In some instances, position will be responsible for facilitating contacts with the appropriate federal officials (or other interested and appropriate stakeholders) and will take the lead on structuring those communications.

50% Duty Statement: Disallowance / Deferral/Denial Strategic Planning

Position is responsible for creating a strategic plan that provides for direction for actual or potential federal disallowance or deferral of Medicaid grant funds. Also, position is responsible for creating a strategic plan suggesting a series of next steps when a proposed waiver or state plan change is denied. For example, the position will create the Department's strategy in terms of the recent denial of the amendment to the HCBS-Children with Autism waiver. The position will inventory the set of possible reactions to the denial, evaluate the relatively costliness of the various options in comparison with the benefits and the likelihood of prevailing.

SYSTEMS ACCESS: In the following chart, please list the software and select the computer systems needed by this position. You may select as many user roles as necessary for systems unless otherwise noted. Requests for systems outside HCPF may require additional paperwork.

Software Requested				
Software License Type	___ Department Purchased	___ Internet Download	___ Evaluation	___ Personal
Software Manufacturer:				
Software Title:				
Description of Software Function:				
Description of Business Need:				
Description of Known Security Issues:				
If there are additional software needs, please list each system in the comments at the bottom of this section.				
LAN Access				
Access Action	___ No Change	___ Add Access	___ Modify/Update Access	___ Remove Access
Primary Section (S-Drive and Email Group):				
Secondary Section/Email Group:				
Additional Section/Email Group:				
New Email Account Setup?	___ Yes	___ No		
HCPF Systems Access				
Office 365	___ Activation **Comments:**	___ Removal		
CBMS (Colorado Benefits Management System)	___ Customer Service (Inquiry Only) ___ Management (Update) ___ Information Security Administrator ___ Test Environments (SIT/PROD03/UAT) **Comments:**	___ Customer Service (Inquiry Plus) ___ Auditor ___ Information Security Point of Contact	___ Enrollment Support (Inquiry Plus) ___ Gatekeeper ___ TPL Worker	___ Eligibility Enrollment Specialist (Update) ___ Healthy Communities Outreach Worker (EPSDT) ___ Presumptive Eligibility
CBMS-DSS (CBMS Decision Support System)	___ View **Comments:**	___ Query	___ Report	
COLD (Computer Output Laser Disk MMIS Reporting System)	___ Inquiry to All (Except Security) **Comments:**	___ HPCF - Default (Inquiry)	___ HCPF – Test	___ Information Security Administrator
DRAMS	___ Inquiry	___ Update		

(Drug Rebate Analysis and Management System)	___ Comments:			
ESURS (Electronic Service Utilization Reporting System)	___ Inquiry Comments:	___ Update		
iManager (Access Control System – Information Security Unit Only)	___ Security Administrator Comments:			
MMIS (Medicaid Management Information System)	___ HCPF - Inquiry to All ___ HCPF - Update Comments:	___ HCPF - Default ___ HCPF - Update Reports	___ HCPF - Accounting	___ HCPF - Security
MMIS-DSS (MMIS Decision Support System)	___ View Comments:	___ Query	___ Report	
OmniView (Xerox Call Center Log)	___ Inquiry Comments:			
OIT (Xerox Scanned Data Storage)	___ Inquiry Comments:			
PDCS X2 (Prescription Drug Card System)	___ Inquiry Comments:	___ Update	___ Test	
PEAK (CBMS) (Program Eligibility and Application Kit)	___ Inquiry Comments:	___ Update		
Trackwise (Transmittals)	___ Transmittal Originator Comments:	___ Xerox Tickets	___ CSRs	
ULTC BUS (Long Term Care Benefits Utilization System)	___ Local User ___ System Admin Comments:	___ Local Admin	___ State Admin	___ Security Admin
	Financial Systems			
COFRS (Colorado Financial Records System)	___ Administrative/ Program Assistants ___ Human Resources Comments:	___ Budget	___ Purchasing	___ Accounting
COFRS SQL	___ Query Comments:			
DD (Document Direct)	___ Administrative/ Program Assistants	___ Budget	___ Purchasing	___ Accounting

	___ Comments:			
FDW (Financial Data Warehouse)	___ Administrative/ Program Assistants Comments:	___ Budget	___ Purchasing	___ Accounting
		Federal Systems		
SAVE (System Alien Verification for Entitlements)	___ General User 1 ___ Supervisor Comments:	___ General User 2 ___ Super User	___ General User 3	___ General User 4
		DHS Systems		
TRAILS (Child Welfare System)	___ Crystal Reports Comments:	___ Trails Toggle CW/DYC/SB-94		
I Drive (OIT, Deloitte, DHS, HCPF Shared Drive)	___ View Comments:	___ Update (Create, Write, Delete)		
		Human Resources Systems		
CPPS (Colorado Payroll and Personnel System)	___ Human Resources Comments:	___ Accounting		
NeoGov	___ Insight (Human Resources) Comments:	___ Online Hiring Center (Managers, Support Staff)		
		OIT Systems		
TSO (State Mainframe and various Department's Mainframe Applications)	___ TSS Administrator (SCA) – Statewide ___ User – Specified Applications Comments:	___ TSS Administrator (VCA) – Department/Division	___ TSS Administrator (DCA) – Division/Section	___ TSO (Programmers) – Department Wide
		Other Systems		
Aspen	___ Update Comments:	___ Inquiry		
Other Systems	System Name: Comments:	Office 365		

CERTIFICATION

As I am delegated accountability for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that this document is an accurate representation of the position's assignment.

Jed Ziegenhagen — Supervisor Name (Print)

303-866-3200 — Work Phone

1570 Grant St. — Work Address

Denver. — City

80203 — Zip

Jed.Ziegenhagen@state.co.us — Email Address

Supervisor Signature

Date

As I am legally accountable for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that this document is an accurate representation of the position's assignment.

Approving/Reviewing Official Name (Print)

Work Phone

Work Address

City

Zip

Email Address

Approving/Reviewing Official Signature

Date

HUMAN RESOURCES USE ONLY

Date Received _____ Action Number _____ Date Reviewed _____ Effective Date _____
Agency Code _____ Position # _____

Document is _____ complete _____ incomplete and returned (indicate below the date and reason(s))

Pay Differentials

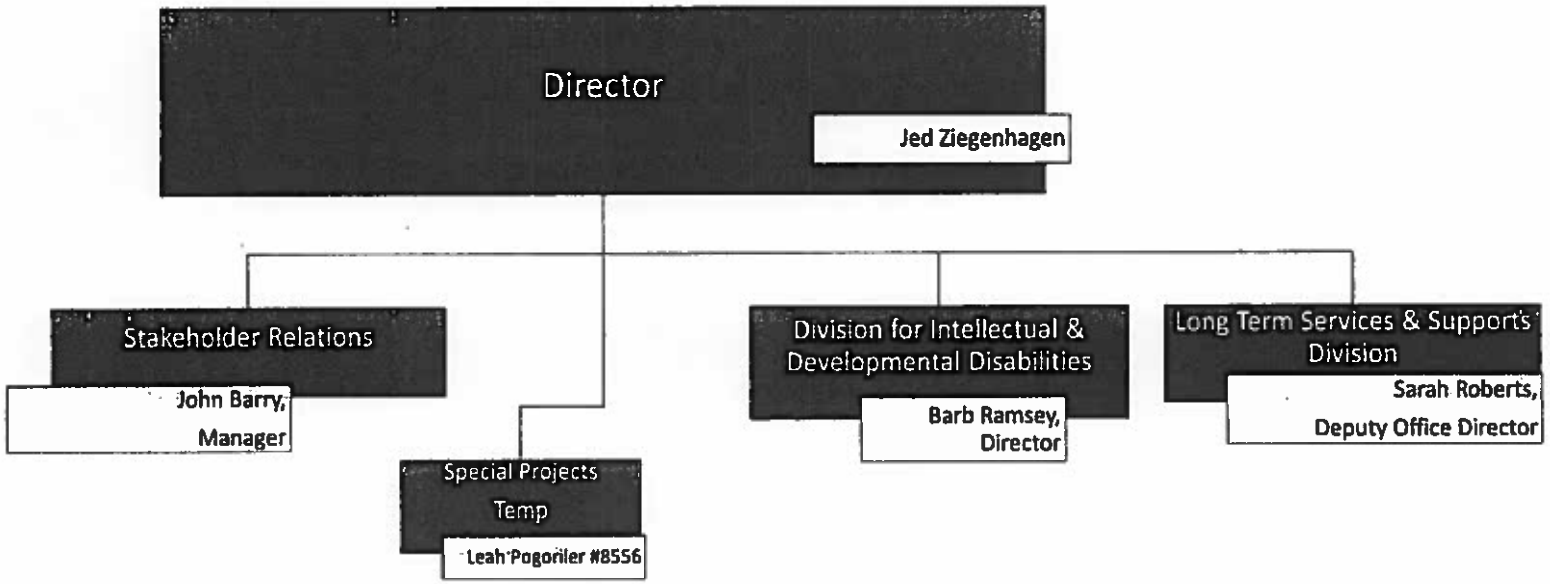
Position is non-exempt for FLSA.

Other Pay differentials (specify):

_____ _____ _____
Reviewer's Signature Title Date

Office of Community Living

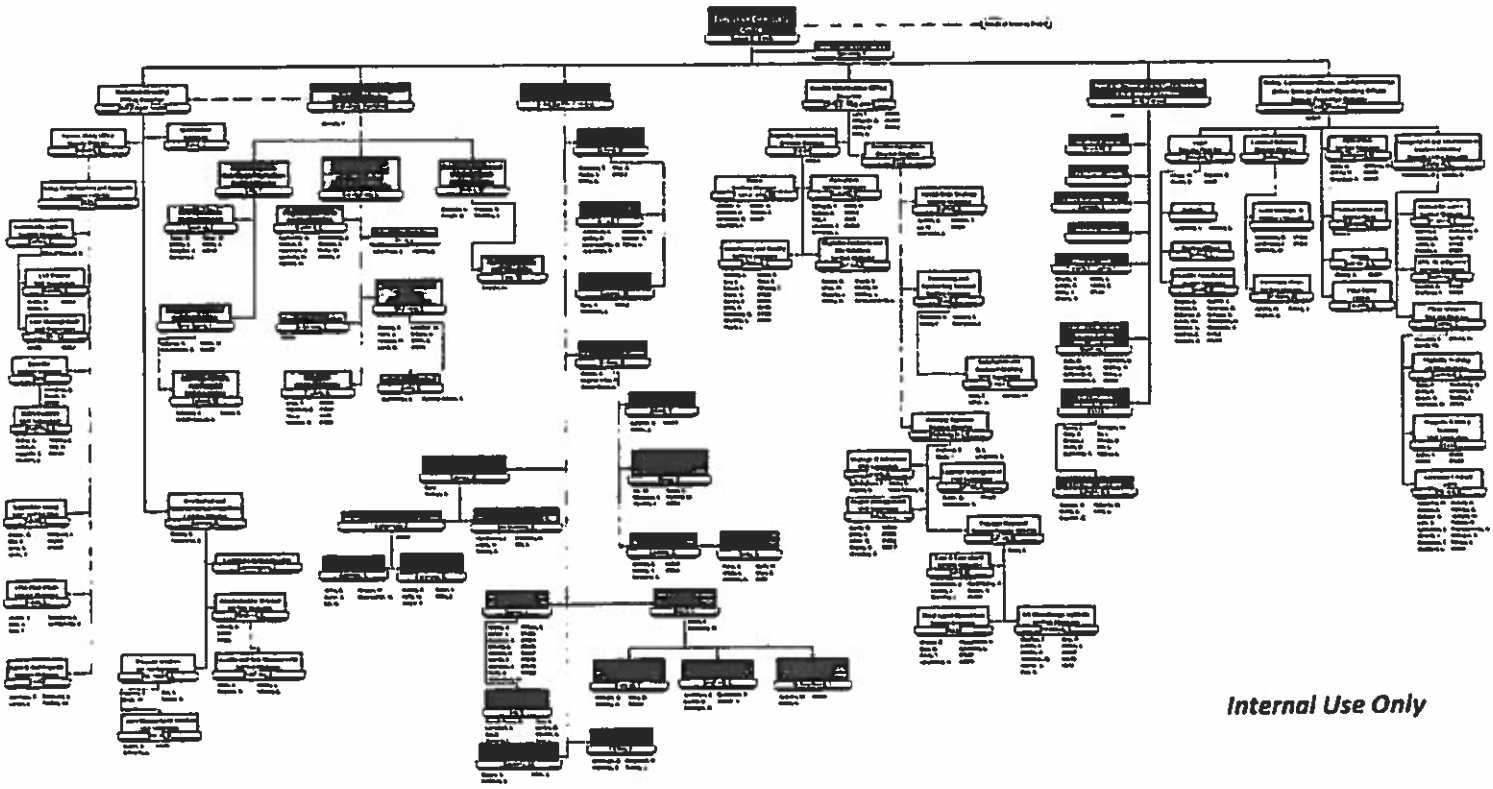
Organizational Chart



9/21/2015

Colorado Department of Health Care Policy and Financing

June 9, 2015



Internal Use Only

Personnel Action Request *(PAR Form)*

Complete all non-shaded boxes

Date Prepared: 9/17/2015 **Prepared By:** Elle Sweeney **Division:** EDO 14 HAA

	%	Organizational Unit Code *(Manager completes)*	Appropriation *(for Budget use only)*	Cert *(for Acctg use only)*
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Funding #2	0%	Insert other org code if any		9/18/15
Funding #3	0%	Insert other org code if any		
Supervisor Signature				Date: 9/16
Office/Executive Director Signature				Date: 9/16

Select desired action and complete corresponding information

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RECEIVED
SEP 18 2015
HCPF Payroll

☒ **EMPLOYEE ACTION** Employee Name: Jena Griwold

- ☒ **Hire** Type: Temporary (6 months or less) Effective Date: 9/21/2015
  Position #: 8563 Class:
- ☐ **Separation** Reason: Select One Last Day Worked:
- ☐ **Leave of Absence** From: To: Reason: Insert reason
- ☒ **Pay Action** Salary: 8,000/mo Reason: New Hire Salary Begin: 9/21/2015 End (if any): TBD
- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

Additional Comments: PAR to hire temporary employee, Jena Griswold, to be paid ~~$50~~ $53 per hour ($8,000 per month). Pending completion of background check, Jena will begin on Monday, September 21, 2015

For Human Resources Use Only	Audit Decision:	New Class Code:	FLSA:	Date: 9/18/15
	Log/Action Number & Initials: 370 JSD	New Class Title:	Registration #/ Comments:	

Revised 4/25/03

CPRS entered 9-22-15 ✓

Personnel Action Request (PAR Form)

Complete all non-shaded boxes

Date Prepared: 5/20/2016 **Prepared By:** Susan Hickey **Division:** Office of Community Living

	%	Organizational Unit Code (Manager completes)	Appropriation (for Budget use only)	Cert (for Accig use only)
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RECEIVED
MAY 24 2016
HCPF Payroll

- ☐ **Hire** Type: Select One Effective Date:
  Position #: Class:
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- ☐ **Other** Insert text If applicable, provide dates - Begin: End:

Additional Comments: Temp position ended 1 month early

For Human Resources Use Only	Audit Decision:	New Class Code:	FLSA:	Date: 5/23/16
	Log/Action Number & Initials:	New Class Title:	Registration # Comments:	

CBS stopped 5/27/16
Separated 6/7/16

Revised 4/25/03

Employee History Report for: GRISWOLD,JENA MARIE

Employee ID: FINANCIAL

SSN: XXX-XX- PII

EFF DATE/ CLASS	ACT CDE	SUB ACT CDE	POS	PRB STS	GRD	SALARY	POS TYP	SEP RSN	S E S	PCNT FULL TIME	OP ID
DEPARTMENT OF STATE -VAA-						**Service Start Date: 2019/01/08**					
2019/03/01	12		VAA09001	00	EX9	7780.0000	E	00	N	100.00	WA39
123600 - SECRETARY OF STATE											
2019/02/26	11		VAA09001	00	EX9	7771.6900	E	00	N	100.00	WA39
123600 - SECRETARY OF STATE											
2019/02/23	92		VAA09001	00	EX9	7771.6900	E	00	N	100.00	BATCH-UPDAT
160SES - SENIOR EXECUTIVE SERVICE											
2019/01/08	01		VAA09001	00	EX9	7771.6900	E	00	N	100.00	WA39
160SES - SENIOR EXECUTIVE SERVICE											
HEALTH CARE POLICY & FIN - UHA						**Service Start Date: 2015/09/21**					**Adjusted Service Date: 2015/09/21**
2016/05/20	05		UHA08563	03	P10	53.0000	N	25	N	100.00	LLJ2
P1A1XX - TEMPORARY AIDE											
2016/05/20	11		UHA08563	03	P10	53.0000	N	00	N	100.00	LLJ2
P1A1XX - TEMPORARY AIDE											
2015/09/21	01		UHA08563	03	P10	53.0000	N	00	N	100.00	LLJ2
P1A1XX - TEMPORARY AIDE											
OFFICE OF THE GOVERNOR -EAA-						**Service Start Date: 2013/06/17**					**Adjusted Service Date: 2013/06/17**
2015/08/31	05		EAA10074	.	999	7011.0000		25	N	100.00	$YF03
166600 - DIR OF SPECIAL PROJECTS											
2015/08/31	88		EAA10074	.	999	7011.0000		00	N	100.00	$YF03
166600 - DIR OF SPECIAL PROJECTS											
2015/08/13	92		EAA10074	.	999	7011.0000		00	N	100.00	BATCH UPDAT
166600 - DIR OF SPECIAL PROJECTS											
2015/07/01	80		EAA10074	.	999	7011.0000		00	N	100.00	$YF03
166600 - DIR OF SPECIAL PROJECTS											
2014/08/04	92		EAA10074	.	999	7011.0000		00	N	100.00	BATCH UPDAT
166600 - DIR OF SPECIAL PROJECTS											

2014/07/29	92	EAA10074	.	999	7011.0000	00	N	100.00	BATCH UPDAT
166600	- DIR OF SPECIAL PROJECTS								
2014/02/01	88	EAA10074	.	999	6672.5000	00	N	100.00	$YF03
166600	- DIR OF SPECIAL PROJECTS								
2013/07/15	96	EAA10074	.	999	6672.5000	00	N	100.00	BATCH UPDAT
166600	- DIR OF SPECIAL PROJECTS								
2013/07/01	88	EAA10074	.	999	6672.5000	00	N	100.00	$YF03
166600	- DIR OF SPECIAL PROJECTS								
2013/06/17	12	EAA10074	.	999	6541.6700	00	N	100.00	$YF03
166600	- DIR OF SPECIAL PROJECTS								
2013/06/17	01	EAA10074	.	999	6541.6700	00	N	100.00	$YF03
166600	- DIR OF SPECIAL PROJECTS								
2013/06/17	01	EAA10074	.	999	6541.6700	00	N	100.00	$YF03
166600	- DIR OF SPECIAL PROJECTS								